

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL****FOR: HEALTH CARE FINANCING ADMINISTRATION**

1. TRANSMITTAL NUMBER:

0 1 0 1 3

2. STATE:

California

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE

May 1, 2001

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

Federal Register: August 7, 1998, Vol. 63
#152

7. FEDERAL BUDGET IMPACT:

a. FFY 2001 ~~xx~~Insignificantb. FFY 2002 ~~xx~~Indeterminate

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

31d

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

31d

10. SUBJECT OF AMENDMENT:

Revision to the Definition of an Unemployed Parent

11. GOVERNOR'S REVIEW (Check One):

- ☐
- GOVERNOR'S OFFICE REPORTED NO COMMENT
-
- ☐
- COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
-
- ☐
- NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED: Governor's Office
does not wish to review State
Plan Amendments

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

Gail L. Margolis

14. TITLE:

Deputy Director

15. DATE SUBMITTED:

4/26/01

16. RETURN TO:

Department of Health Services
Attn: State Plan Coordinator
714 P Street, Room 1640
Sacramento, CA 95814**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:

April 30, 2001

18. DATE APPROVED:

7/12/01

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

May 1, 2001

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

Linda Minamoto

22. TITLE:

Associate Regional Administrator
Division of Medicaid

23. REMARKS:

Revision: HCFA-PM-4 (BPD)
August 1991

OMB No: 0938-

State: California

Citation 3.5 Families Receiving Extended Medicaid Benefits
(Continued)

Supplement 2 to ATTACHMENT 3.1-A specifies and describes the alternative health care plan(s) offered, including requirements for assuring that recipients have access to services of adequate quality.

(2) The agency –

- ☐ (i) Pays all premiums and enrollment fees imposed on the family for such plan(s)
- ☐ (ii) Pays all deductibles and coinsurance imposed on the family for such plan(s).

Citation 3.6 Unemployed parent

For purposes of determining whether a child is deprived on the basis of the unemployment of a parent, that agency

- ☐ uses the standard for measuring unemployment which was in the AFDC State plan in effect on July 16, 1996.
- ☒ uses the following more liberal standard to measure unemployment:

A child will be considered deprived if the parent and his/her spouse's net non-exempt earned income is at or below 100 percent of the federal poverty limit based on the family size regardless of the number of hours the parent is employed, *or the principal wage earner is employed less than 100 hours per month (AFDC standard).*

TN No. 01-013

Supersedes

TN No. 00-003

Approval Date JUL 12 2001 Effective Date MAY - 1 2001

HCFA ID: 7982E

PJO